


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90270 047 ***150.00

DOCUMENT # F99000001655	
1. Entity Name RBMG, INC.	

Principal Place of Business 9710 TWO NOTCH RD. COLUMBIA, SC 29223	Mailing Address 9710 TWO NOTCH RD. COLUMBIA, SC 29223
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DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2449643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

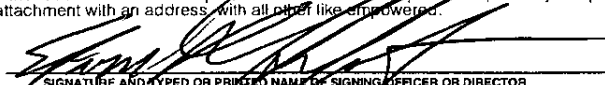
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, WILLIAM M 9710 TWO NOTCH RD. COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEVP HERBERT, STEVEN F 9710 TWO NOTCH RD. COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCCOY, JERALD W 9710 TWO NOTCH RD. COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAPSON, CHARLES E 9710 TWO NOTCH RD. COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BURDSALL, RUSSELL L 9710 TWO NOTCH RD. COLUMBIA, SC 29223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  4-21-04 803 462 8234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #